

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/781,142
Filing Date	February 18, 2004
First Named Inventor	Stephanos Kyrkanides
Group Art Unit	1632
Examiner Name	JoAnne Hama
Attorney Docket Number	21108.0040U1

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 C.F.R. § 1.114**

- a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on **[*DATE OF PREVIOUS AMENDMENT**]** (Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on **[**DATE OF APPEAL BRIEF**]**
- iii. ☐ Other *****
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☒ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other *****

2. **Miscellaneous**

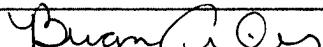
- a. ☐ Suspension of action on the above-identified application is requested under 37. C.F.R. § 1.103(c) for a period of ***** months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)
- b. ☐ Other ****

3. **Fees**

(Fees are required at the time the RCE is filed)

- a. ☐ Check in the amount of \$_____ is enclosed for the fees designated below.
- b. ☐ Credit Card Form PTO-2038 authorizing payment in the amount of \$_____ is enclosed for the fees designated below.
- c. ☒ Payment is herewith submitted electronically via EFS-Web in the amount of \$930.00 for the fees designated below.
- d. ☐ The Director is hereby authorized to charge the amount of \$_____ to Deposit Account No. 14-0629 for the fees designated below.
- e. ☒ Fees
- ☒ RCE fee required under 37 C.F.R. § 1.17(e)
- ☒ Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)
- ☐ Other _____
- f. ☒ The Director is hereby authorized to charge any underpayment or credit any overpayment to Deposit Account No. 14-0629.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	P. Brian Giles, Ph.D.	Registration No. (Attorney/Agent)	57,896
Signature		Date	12-20-2007

CERTIFICATE OF ELECTRONIC TRANSMISSION UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence, including any items indicated as attached or included, is being transmitted via electronic transmission via EFS-Web on the date indicated below.

Name of Person Mailing (Print/Type)	P. Brian Giles, Ph.D.
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Signature		Date	12-20-2007
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